

TREATMENT PROTOCOL: EMERGENCY CHILDBIRTH (MOTHER) *

1. Basic airway
2. Pulse oximetry
3. Oxygen prn
4. Advanced airway prn
5. Venous access prn
Venous access should not take precedence over controlled delivery or emergency transport
6. Immediate base contact for abnormal presentation, multiple gestation (i.e., twins) or maternal hypotension or hypertension (blood pressure 140/90 mmHg or greater)
7. If suspected eclampsia, DO NOT delay transport for treatment
8. If the amniotic sac is intact with presenting part showing, pinch and twist the membrane to rupture
9. If delivery occurs in the field, transport the mother and newborn to a Perinatal Center with EDAP designation



NORMAL DELIVERY	BREECH DELIVERY	PROLAPSED CORD
10. Assist delivery, see Ref. No. 1262, Newborn/ Neonatal Resuscitation Treatment Protocol 11. Massage uterine fundus after placental delivery 12. If maternal hypotension, ESTABLISH BASE CONTACT Normal Saline 10ml/kg IV at 250ml increments May repeat prn	10. Support presenting part and allow newborn to deliver 11. If newborn delivers, see NORMAL DELIVERY 12. If head does not deliver, attempt to provide airway 13. ESTABLISH BASE CONTACT (ALL) 14. Consultation with base physician strongly recommended	10. Elevate the mother's hips 11. Check cord for pulses 12. If no cord pulsation, manually displace presenting fetal part off cord 13. ESTABLISH BASE CONTACT (ALL) 14. Consultation with base physician strongly recommended